

Memorandum

Date : May 10, 2013

To : KEVIN CHAPPELL
Warden

Subject: MAY 10, 2013 TRAINING AGENDA

Training schedule for Friday, May 10, 2013:

0500-0600 Report to Lethal Injection Facility; conduct inspection of facility and inventory of all equipment, prepare for first execution simulation

0600-0630 Debrief of previous month's activities.

0630-0715 **Lethal Injection Execution Simulation #1:**
Position/placements and simulated scenario
Debrief and simulation discussion.

0715-0730 Morning Break.

0730-0800 Discussion with Sacramento Representative

0800-0845 **Lethal Injection Execution Simulation #2:**
Position/placements and simulated scenario
Debrief and simulation discussion.

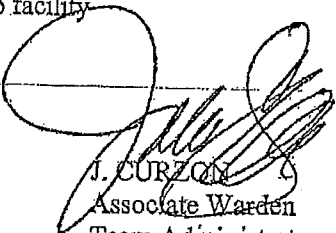
0845-1030 Deposition training

1030-1130 Lunch Break

1130-1215 **Lethal Injection Execution Simulation #3:**
Position/placements and simulated scenario
Debrief and simulation discussion.

1215-1300 Brief discussion and clean up facility

Team Leader #1



J. CURZON
Associate Warden
Team Administrator

SCENARIO # ONE

Date: May 10, 2013

RECORD LOGS ___

FINAL REPORTS ___

INVENTORY SHEETS ___

San Quentin State Prison
Execution Log
Lethal Injection Intravenous Team

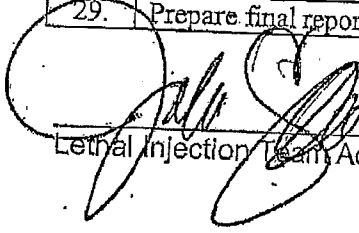
#1

Inmate Name	CDCR #	Date of Execution
DOE, J	A12345	5/10/17

Record Team Member Identification #: 7

Task	Time	Comments
1. IV tubing and needles given final check.		
2. ECG pads are placed on inmate's chest.		
3. ECG leads attached to monitor.	0638 ³⁹	
4. Insert intravenous catheter - Left	0639 ⁵⁵	
5. Left catheter patency confirmed.	0640 ²⁷	
6. Insert intravenous catheter - Right	0642 ⁰⁰	
7. Right catheter patency confirmed.	0642 ³⁶	
8. One Intravenous Team Member exits Holding Cell Area and goes to Infusion Room to record infusion of chemicals on ECG graph paper.	0642 ⁵⁰	
9. One Intravenous Team Member takes position next to inmate to monitor consciousness and Intravenous lines.	0643	
10. Team advised which Intravenous catheter is to be used for execution. (left or right)	0643	
11. Saline drip in primary arm is stopped.	0643	
12. Syringe #A-1 administered; mark ECG graph paper with #A-1. Team Member in Execution Room checks inmate for consciousness.	0644 ²⁷	
13. Syringe #A-2 administered; mark ECG graph paper with #A-2.	0645 ⁰⁷	
14. Syringe #A-3 administered; mark ECG graph paper with #A-3. Team Member in Execution Room checks inmate for consciousness.	0645 ⁴³	
15. Syringe #A-4 administered; mark ECG graph paper with #A-4.	0646 ¹³	
16. Syringe #A-5 administered; mark ECG graph paper with #A-5.		
17. Syringe #A-6 administered; mark ECG graph paper with #A-6.		
18. Syringe #A-7 administered; mark ECG graph paper with #A-7.		
19. Syringe #A-8 administered; mark ECG graph paper with #A-8.		

	Task	Time	Comments
	If chemicals on Tray B are used for repeat of Protocol - backup catheter will be used. Syringes will be injected in same sequence with all 8 syringes on Tray B being administered.		
20.	Syringe #B-1, mark ECG graph paper with #B-1.		
21.	Syringe #B-2, mark ECG graph paper with #B-2.		
22.	Syringe #B-3, mark ECG graph paper with #B-3.		
23.	Syringe #B-4, mark ECG graph paper with #B-4.		
24.	Syringe #B-5, mark ECG graph paper with #B-5.		
25.	Syringe #B-6, mark ECG graph paper with #B-6.		
26.	Syringe #B-7, mark ECG graph paper with #B-7.		
27.	Syringe #B-8, mark ECG graph paper with #B-8.		
28.	Mark ECG graph paper when death is pronounced.	0616 ²⁴	
29.	Prepare final report.		


Lethal Injection Team Administrator

5/10/13
Date

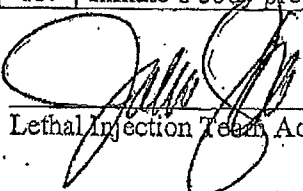
#1

**San Quentin State Prison
Execution Log
Lethal Injection Team Administrator/Team Leader**

Inmate Name	CDCR #	Date of Execution
Doc, J	A12345	5/10/13

Record Team Member Identification #: 18

Task	Start	Comments
1. 3 hours prior: Assemble Team and make assignments.		
Record Keeping Team activated; Execution Logs begin.		
2. The Lethal Injection Team Leader accompanied by the Associate Warden Specialized Housing Division will remove the lethal injection chemicals from the Lethal Injection Facility safe/refrigerator.		
3. The Lethal Injection Team Leader will transfer custody of the lethal injection chemicals to two members of the Lethal Injection Infusion Team and complete the Chain of Custody form.		
4. Meet with the condemned inmate in the Lethal Injection Facility holding cell area. <ul style="list-style-type: none"> Ask if the inmate wishes to write a last statement to be read after the execution. Inform the inmate that a sedative is available. Valium or its equivalent will be administered under the direction and approval of a clinician. 	0628 - 0643.30 - 0643.45 0629	Verbal Statement - started verbal statement - ENDED verbal statement Sedative requested
5. The Lethal Injection Team Administrator will take position in the Infusion/Control room.		
6. Team Leader takes position in Infusion Room.	0623	
7. Infusion of lethal chemicals is initiated.	0644.27	20 minute count
8. Flat line noted on ECG.	0646.00	
9. Death pronounced.	0646.24	
If chemicals on Tray B are used for repeat of Protocol -- backup catheter will be used. All 8 syringes will be administered in the same sequence.		
10. Repeat Protocol.		
11. Flat line noted on ECG.		
12. Death pronounced.		
13. Witnesses notified that inmate has expired.	0647.11	
14. Curtains drawn on viewing windows.	0647.21	
15. Inmate's body prepared for Coroner/Mortuary.		


Lethal Injection Team Administrator

5/10/13
Date

San Quentin State Prison
Execution Log
Lethal Injection Infusion Team

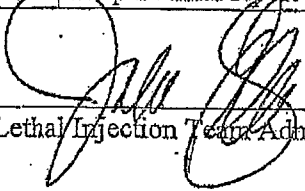
#1

Inmate Name	CDCR#	Date of Execution
J. Doe	A12345	5 10 13

Record Keeping Team Member Identification #: 14

	Task	Time	Comments
1.	Infusion Team Members arrive at the Lethal Injection Facility.		
2.	Transfer of chemicals to Infusion Team; (chain of custody)		
	Tray A		
3.	Mix 1 st 3 kits of Sodium Thiopental for syringe #1 for Tray A.		
4.	Draw 1.5 g of Sodium Thiopental into 60cc syringe and label this syringe in red; A-1 Sodium Thiopental.		
5.	Mix 2 nd 3 kits of Sodium Thiopental for syringe #2.		
6.	Draw 1.5 g of Sodium Thiopental into 60cc syringe and label this syringe in red; A-2 Sodium Thiopental.		
7.	Draw 50cc of normal saline into a 60cc syringe and label in red; A-3 Saline.		
8.	Draw 50 mg of Pancuronium Bromide into one 60cc syringe and label in red; A-4 Pancuronium Bromide.		
9.	Draw 50cc of normal saline into a 60cc syringe and label in red; A-5 Saline.		
10.	Draw 100 mEq of Potassium Chloride into 60cc syringe and label in red; A-6 Potassium Chloride.		
11.	Draw 100 mEq of Potassium Chloride into 60cc syringe and label in red; A-7 Potassium Chloride.		
12.	Draw 50cc of normal saline into a 60cc syringe and label in red: A-8 Saline.		
	Tray B		
13.	Mix 1 st 3 kits of Sodium Thiopental for syringe #1 for Tray B.		
14.	Draw 1.5 g of Sodium Thiopental into 60cc syringe and label this syringe in blue; B-1 Sodium Thiopental.		
15.	Mix 2 nd 3 kits of Sodium Thiopental for syringe #2.		
16.	Draw 1.5 g of Sodium Thiopental into 60cc syringe and label this syringe in blue; B-2 Sodium Thiopental.		
17.	Draw 50cc of normal saline into a 60cc syringe and label in blue; B-3 Saline.		
18.	Draw 50 mg of Pancuronium Bromide into one 60cc syringe and label in blue; B-4 Pancuronium Bromide.		
19.	Draw 50cc of normal saline into a 60cc syringe and label in blue; B-5 Saline.		
20.	Draw 100 mEq of Potassium Chloride into 60cc syringe and label in blue; B-6 Potassium Chloride.		

	Task	Time	Comments
21.	Draw 100 mEq of Potassium Chloride into 60cc syringe and label in blue; B-7 Potassium Chloride.		
22.	Draw 50cc of normal saline into a 60cc syringe and labeled in blue; B-8 Saline.		
23.	Infusion Team Members cross check Tray A and Tray B.		
24.	Intravenous lines checked		
	Infusion		
25.	Inject syringe #A-1 Sodium Thiopental. Conscious check.	0644.27	
	Begin 10 minute count:	0644.27	CV 0644.50
26.	Inject syringe #A-2 Sodium Thiopental	0645.07	
27.	Inject syringe #A-3 the Saline Flush. Conscious check.	0645.43	
	Inmate conscious discontinue Tray A and start Tray B in back-up intravenous catheter. Inmate unconscious continue with Tray A.		
28.	Inject syringe # A-4 Pancuronium Bromide.	0646.13	(F) 0646.35
29.	Inject syringe #A-5 the Saline Flush.		
30.	Inject syringe # A-6 Potassium Chloride.		
31.	Inject syringe # A-7 Potassium Chloride		
32.	Inject syringe # A-8 Saline Flush.		
33.	Cardiac monitor (ECG) "flat line."	+ 0646.00	
34.	Physician pronounces death.	* 0646.24	
	If all 8 syringes from Tray A have been infused, 10 minutes has elapsed and death has not been determined, notify Associate Warden and Team Leader. Warden may authorize repeat of protocol with Tray B, backup catheter.		
35.	Inject syringe # B-1 Sodium Thiopental.		
36.	Inject syringe # B-2 Sodium Thiopental.		
37.	Inject syringe # B-3 Saline flush.		
38.	Inject syringe # B-4 Pancuronium Bromide.		
39.	Inject syringe # B-5 Saline flush.		
40.	Inject syringe # B-6 Potassium Chloride.		
41.	Inject syringe # B-7 Potassium Chloride.		
42.	Inject syringe # B-8 Saline Flush.		
43.	Cardiac monitor (ECG) "flat line."		
44.	Physician pronounces cessation of life.		
45.	Prepare final report of execution.		


Lethal Injection Team Administrator

5/10/13

Date

San Quentin State Prison
Execution Log
Lethal Injection Security Team

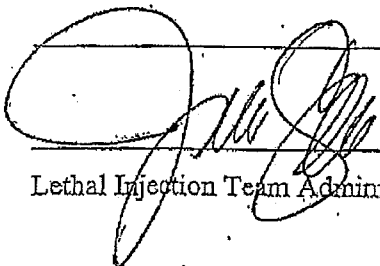
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Inmate Name	CDCR#	Date of Execution
J DOE	A12345	5/10/13

Record Team Member Identification #: 17

TASKS	Time	Comments
Inmate searched placed in restraints (handcuffs, Martin chain, and leg irons) and removed from the holding cell.	0630	
Preparation/Execution Room		
Inmate staged in Preparation Room to allow Intravenous Team to attach ECG leads.	0631	
Escorted inmate to Execution Room.	0634	
Inmate secured to gurney.	0638	
Security Team exits Execution Room.	0639	
Team Leader takes position in Infusion/Control Room.	0644	
Post Execution		
Security Team re-entered Execution Room after the Lethal Injection process has been completed and all witnesses have been escorted out of the Lethal Injection Facility.		
Post mortem identification and photographs completed.		
Inmate's remains prepared for release to Coroner/Mortuary.		
Released inmate's remains to the Coroner/Mortuary.		
Completed all reports relative to Lethal Injection process.		
Clean Lethal Injection Facility.		

Notes:


Lethal Injection Team Administrator

5/10/13
Date

SCENARIO # TWO

Date: May 10, 2013

RECORD LOGS __

FINAL REPORTS __

INVENTORY SHEETS __

**San Quentin State Prison
Execution Log
Lethal Injection Security Team**

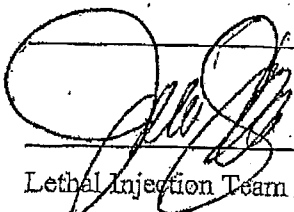
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Inmate Name	CDCR#	Date of Execution
J. DOE	A12345	5/10/13

Record Team Member Identification #: 17

TASKS	Time	Comments
Inmate searched placed in restraints (handcuffs, Martin chain, and leg irons) and removed from the holding cell.	0810	
Preparation/Execution Room		
Inmate staged in Preparation Room to allow Intravenous Team to attach ECG leads.	0812	
Escorted inmate to Execution Room.	0813	
Inmate secured to gurney.	0816	
Security Team exits Execution Room.	0817	
Team Leader takes position in Infusion/Control Room.	0820	
Post Execution		
Security Team re-entered Execution Room after the Lethal Injection process has been completed and all witnesses have been escorted out of the Lethal Injection Facility.		
Post mortem identification and photographs completed.		
Inmate's remains prepared for release to Coroner/Mortuary.		
Released inmate's remains to the Coroner/Mortuary.		
Completed all reports relative to Lethal Injection process.		
Clean Lethal Injection Facility.		

Notes:



Lethal Injection Team Administrator

5/10/13
Date

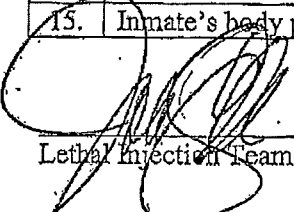
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San Quentin State Prison
Execution Log
Lethal Injection Team Administrator/Team Leader

Inmate Name	CDCR #	Date of Execution
Doe, J	A12345	5/10/13

Record Team Member Identification #: 18

Task	Start	Comments
1. 3 hours prior: Assemble Team and make assignments.		
Record Keeping Team activated; Execution Logs begin.		
2. The Lethal Injection Team Leader accompanied by the Associate Warden Specialized Housing Division will remove the lethal injection chemicals from the Lethal Injection Facility safe/refrigerator.		
3. The Lethal Injection Team Leader will transfer custody of the lethal injection chemicals to two members of the Lethal Injection Infusion Team and complete the Chain of Custody form.		
4. Meet with the condemned inmate in the Lethal Injection Facility holding cell area. <ul style="list-style-type: none"> Ask if the inmate wishes to write a last statement to be read after the execution. Inform the inmate that a sedative is available. Valium or its equivalent will be administered under the direction and approval of a clinician. 	0808 0810	No statement NO WRITTEN statement sedative requested.
5. The Lethal Injection Team Administrator will take position in the Infusion/Control room.		
6. Team Leader takes position in Infusion Room.	0825.45	
7. Infusion of lethal chemicals is initiated.	0827.00	10 minute count
8. Flat line noted on ECG.	0828.23	
9. Death pronounced.	0828.53	
If chemicals on Tray B are used for repeat of Protocol - backup catheter will be used. All 8 syringes will be administered in the same sequence.		
10. Repeat Protocol.		
11. Flat line noted on ECG.		
12. Death pronounced.		
13. Witnesses notified that inmate has expired.	0829.42	
14. Curtains drawn on viewing windows.	0829.49	
15. Inmate's body prepared for Coroner/Mortuary.	0830.50	



Lethal Injection Team Administrator.

Date

5/10/13

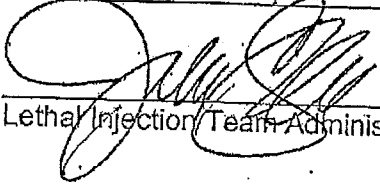
**San Quentin State Prison
Execution Log
Lethal Injection Intravenous Team**

Inmate Name	CDCR #	Date of Execution
DOE, J	A12345	5/10/17

Record Team Member Identification #: 7

Task	Time	Comments
1. IV tubing and needles given final check.		
2. ECG pads are placed on inmate's chest.		
3. ECG leads attached to monitor.	0818 ²⁰	
4. Insert intravenous catheter - Left	0819 ³⁹	
5. Left catheter patency confirmed.	0820 ^{25 20}	0821 ¹⁰ 0821 ⁴³
6. Insert intravenous catheter - Right	0822 ^{40 20}	0824 ²³
7. Right catheter patency confirmed.	0825 ²⁵	
8. One Intravenous Team Member exits Holding Cell Area and goes to Infusion Room to record infusion of chemicals on ECG graph paper.	0825	
9. One Intravenous Team Member takes position next to inmate to monitor consciousness and Intravenous lines.	0825	
10. Team advised which Intravenous catheter is to be used for execution. (left or right)	0825	
11. Saline drip in primary arm is stopped.	0825	
12. Syringe #A-1 administered; mark ECG graph paper with #A-1. Team Member in Execution Room checks inmate for consciousness.	0827 ⁰⁰	
13. Syringe #A-2 administered; mark ECG graph paper with #A-2.	0827 ⁴⁷	
14. Syringe #A-3 administered; mark ECG graph paper with #A-3. Team Member in Execution Room checks inmate for consciousness.	0828 ¹⁵	
15. Syringe #A-4 administered; mark ECG graph paper with #A-4.	0828 ⁴⁵	
16. Syringe #A-5 administered; mark ECG graph paper with #A-5.		
17. Syringe #A-6 administered; mark ECG graph paper with #A-6.		
18. Syringe #A-7, administered; mark ECG graph paper with #A-7.		
19. Syringe #A-8 administered; mark ECG graph paper with #A-8.		

	Task	Time	Comments
	If chemicals on Tray B are used for repeat of Protocol - backup catheter will be used. Syringes will be injected in same sequence with all 8 syringes on Tray B being administered.		
20.	Syringe #B-1, mark ECG graph paper with #B-1.		
21.	Syringe #B-2, mark ECG graph paper with #B-2.		
22.	Syringe #B-3, mark ECG graph paper with #B-3.		
23.	Syringe #B-4, mark ECG graph paper with #B-4.		
24.	Syringe #B-5, mark ECG graph paper with #B-5.		
25.	Syringe #B-6, mark ECG graph paper with #B-6.		
26.	Syringe #B-7, mark ECG graph paper with #B-7.		
27.	Syringe #B-8, mark ECG graph paper with #B-8.		
28.	Mark ECG graph paper when death is pronounced.	0825 ⁵³	
29.	Prepare final report		


Lethal Injection Team Administrator

5/10/13

Date

San Quentin State Prison
Execution Log
Lethal Injection Infusion Team

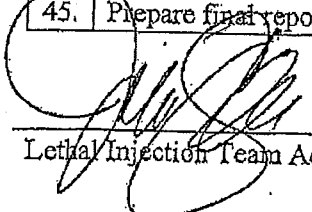
④ 42

Inmate Name	CDCR#	Date of Execution
J. DOE	A12345	5/10/13

Record Keeping Team Member Identification #: 14

	Task	Time	Comments
1.	Infusion Team Members arrive at the Lethal Injection Facility.		
2.	Transfer of chemicals to Infusion Team; (chain of custody)		
	Tray A		
3.	Mix 1 st 3 kits of Sodium Thiopental for syringe #1 for Tray A.		
4.	Draw 1.5 g of Sodium Thiopental into 60cc syringe and label this syringe in red; A-1 Sodium Thiopental.		
5.	Mix 2 nd 3 kits of Sodium Thiopental for syringe #2.		
6.	Draw 1.5 g of Sodium Thiopental into 60cc syringe and label this syringe in red; A-2 Sodium Thiopental.		
7.	Draw 50cc of normal saline into a 60cc syringe and label in red; A-3 Saline.		
8.	Draw 50 mg of Pancuronium Bromide into one 60cc syringe and label in red; A-4 Pancuronium Bromide.		
9.	Draw 50cc of normal saline into a 60cc syringe and label in red; A-5 Saline.		
10.	Draw 100 mEq of Potassium Chloride into 60cc syringe and label in red; A-6 Potassium Chloride.		
11.	Draw 100 mEq of Potassium Chloride into 60cc syringe and label in red; A-7 Potassium Chloride.		
12.	Draw 50cc of normal saline into a 60cc syringe and label in red; A-8 Saline.		
	Tray B		
13.	Mix 1 st 3 kits of Sodium Thiopental for syringe #1 for Tray B.		
14.	Draw 1.5 g of Sodium Thiopental into 60cc syringe and label this syringe in blue; B-1 Sodium Thiopental.		
15.	Mix 2 nd 3 kits of Sodium Thiopental for syringe #2.		
16.	Draw 1.5 g of Sodium Thiopental into 60cc syringe and label this syringe in blue; B-2 Sodium Thiopental.		
17.	Draw 50cc of normal saline into a 60cc syringe and label in blue; B-3 Saline.		
18.	Draw 50 mg of Pancuronium Bromide into one 60cc syringe and label in blue; B-4 Pancuronium Bromide.		
19.	Draw 50cc of normal saline into a 60cc syringe and label in blue; B-5 Saline.		
20.	Draw 100 mEq of Potassium Chloride into 60cc syringe and label in blue; B-6 Potassium Chloride.		

	Task	Time	Comments
21.	Draw 100 mEq of Potassium Chloride into 60cc syringe and label in blue; B-7 Potassium Chloride.		
22.	Draw 50cc of normal saline into a 60cc syringe and labeled in blue; B-8 Saline.		
23.	Infusion Team Members cross check Tray A and Tray B.		
24.	Intravenous lines checked		
	Infusion		
25.	Inject syringe #A-1 Sodium Thiopental. Conscious check.	0827.0	C✓0827.33
	Begin 10 minute count:	0827.00	
26.	Inject syringe #A-2 Sodium Thiopental	0827.47	
27.	Inject syringe #A-3 the Saline Flush. Conscious check.	0828.15	
	Inmate conscious discontinue Tray A and start Tray B in back-up intravenous catheter. Inmate unconscious continue with Tray A.		
28.	Inject syringe # A-4 Pancuronium Bromide.	0828.45	(F)0829.11
29.	Inject syringe #A-5 the Saline Flush.		
30.	Inject syringe # A-6 Potassium Chloride.		
31.	Inject syringe # A-7 Potassium Chloride		
32.	Inject syringe # A-8 Saline Flush.		
33.	Cardiac monitor (ECG) "flat line."	+ 0828.23	
34.	Physician pronounces death.	* 0828.53	
	If all 8 syringes from Tray A have been infused, 10 minutes has elapsed and death has not been determined, notify Associate Warden and Team Leader. Warden may authorize repeat of protocol with Tray B, backup catheter.		
35.	Inject syringe # B-1 Sodium Thiopental.		
36.	Inject syringe # B-2 Sodium Thiopental.		
37.	Inject syringe # B-3 Saline flush.		
38.	Inject syringe # B-4 Pancuronium Bromide.		
39.	Inject syringe # B-5 Saline flush.		
40.	Inject syringe # B-6 Potassium Chloride.		
41.	Inject syringe # B-7 Potassium Chloride.		
42.	Inject syringe # B-8 Saline Flush.		
43.	Cardiac monitor (ECG) "flat line."		
44.	Physician pronounces cessation of life.		
45.	Prepare final report of execution.		


Lethal Injection Team Administrator

5/10/14

Date

SCENARIO # THREE

Date: May 10, 2013

RECORD LOGS __

FINAL REPORTS __

INVENTORY SHEETS __

San Quentin State Prison
Execution Log
Lethal Injection Security Team

3

Inmate Name	CDCR#	Date of Execution
J. DOE	A12345	5/10/13

Record Team Member Identification #: 17

TASKS	Time	Comments
Inmate searched placed in restraints (handcuffs, Martin chain, and leg irons) and removed from the holding cell.	1155	
Preparation/Execution Room		
Inmate staged in Preparation Room to allow Intravenous Team to attach ECG leads.	1156	
Escorted inmate to Execution Room.	1157	
Inmate secured to gurney.	1202	
Security Team exits Execution Room.	1203	
Team Leader takes position in Infusion/Control Room.	1209	
Post Execution		
Security Team re-entered Execution Room after the Lethal Injection process has been completed and all witnesses have been escorted out of the Lethal Injection Facility.		
Post mortem identification and photographs completed.		
Inmate's remains prepared for release to Coroner/Mortuary.		
Released inmate's remains to the Coroner/Mortuary.		
Completed all reports relative to Lethal Injection process.		
Clean Lethal Injection Facility.		

Notes:

Lethal Injection Team Administrator

5/10/13

Date

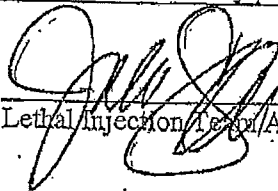
San Quentin State Prison
Execution Log
Lethal Injection Team Administrator/Team Leader

#3

Inmate Name	CDCR #	Date of Execution
Doe, J	A12345	5/10/13

Record Team Member Identification #: 16

Task	Start	Comments
1. 3 hours prior: Assemble Team and make assignments.		
Record Keeping Team activated; Execution Logs begin.		
2. The Lethal Injection Team Leader accompanied by the Associate Warden Specialized Housing Division will remove the lethal injection chemicals from the Lethal Injection Facility safe/refrigerator.		
3. The Lethal Injection Team Leader will transfer custody of the lethal injection chemicals to two members of the Lethal Injection Infusion Team and complete the Chain of Custody form.		
4. Meet with the condemned inmate in the Lethal Injection Facility holding cell area. <ul style="list-style-type: none"> Ask if the inmate wishes to write a last statement to be read after the execution. Inform the inmate that a sedative is available. Valium or its equivalent will be administered under the direction and approval of a clinician. 	1154 1155	No Statement. Sedative Requested.
5. The Lethal Injection Team Administrator will take position in the Infusion/Control room.	1159	
6. Team Leader takes position in Infusion Room.	1208.27	
7. Infusion of lethal chemicals is initiated.	1209.36	10 Minute Count
8. Flat line noted on ECG.	1211.19	
9. Death pronounced.	1212.01	
If chemicals on Tray B are used for repeat of Protocol - backup catheter will be used. All 8 syringes will be administered in the same sequence.		
10. Repeat Protocol.		
11. Flat line noted on ECG.		
12. Death pronounced.		
13. Witnesses notified that inmate has expired.	1212.54	
14. Curtains drawn on viewing windows.	1213.03	
15. Inmate's body prepared for Coroner/Mortuary.		


Lethal Injection Team Administrator

Date

5/10/13

San Quentin State Prison
Execution Log
Lethal Injection Infusion Team

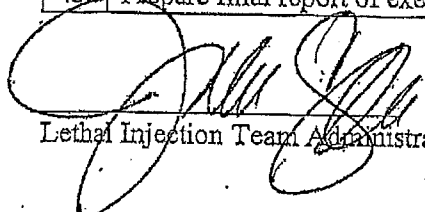
(73)

Inmate Name	CDCR#	Date of Execution
J. Doe	A12345	5/10/13

Record Keeping Team Member Identification #: 14

	Task	Time	Comments
1.	Infusion Team Members arrive at the Lethal Injection Facility.		
2.	Transfer of chemicals to Infusion Team; (chain of custody)		
	Tray A		
3.	Mix 1 st 3 kits of Sodium Thiopental for syringe #1 for Tray A.		
4.	Draw 1.5 g of Sodium Thiopental into 60cc syringe and label this syringe in red; A-1 Sodium Thiopental.		
5.	Mix 2 nd 3 kits of Sodium Thiopental for syringe #2.		
6.	Draw 1.5 g of Sodium Thiopental into 60cc syringe and label this syringe in red; A-2 Sodium Thiopental.		
7.	Draw 50cc of normal saline into a 60cc syringe and label in red; A-3 Saline.		
8.	Draw 50 mg of Pancuronium Bromide into one 60cc syringe and label in red; A-4 Pancuronium Bromide.		
9.	Draw 50cc of normal saline into a 60cc syringe and label in red; A-5 Saline.		
10.	Draw 100 mEq of Potassium Chloride into 60cc syringe and label in red; A-6 Potassium Chloride.		
11.	Draw 100 mEq of Potassium Chloride into 60cc syringe and label in red; A-7 Potassium Chloride.		
12.	Draw 50cc of normal saline into a 60cc syringe and label in red; A-8 Saline.		
	Tray B		
13.	Mix 1 st 3 kits of Sodium Thiopental for syringe #1 for Tray B.		
14.	Draw 1.5 g of Sodium Thiopental into 60cc syringe and label this syringe in blue; B-1 Sodium Thiopental.		
15.	Mix 2 nd 3 kits of Sodium Thiopental for syringe #2.		
16.	Draw 1.5 g of Sodium Thiopental into 60cc syringe and label this syringe in blue; B-2 Sodium Thiopental.		
17.	Draw 50cc of normal saline into a 60cc syringe and label in blue; B-3 Saline.		
18.	Draw 50 mg of Pancuronium Bromide into one 60cc syringe and label in blue; B-4 Pancuronium Bromide.		
19.	Draw 50cc of normal saline into a 60cc syringe and label in blue; B-5 Saline.		
20.	Draw 100 mEq of Potassium Chloride into 60cc syringe and label in blue; B-6 Potassium Chloride.		

	Task	Time	Comments
21.	Draw 100 mEq of Potassium Chloride into 60cc syringe and label in blue; B-7 Potassium Chloride.		
22.	Draw 50cc of normal saline into a 60cc syringe and labeled in blue; B-8 Saline.		
23.	Infusion Team Members cross check Tray A and Tray B.		
24.	Intravenous lines checked		
	Infusion		
25.	Inject syringe #A-1 Sodium Thiopental. Conscious check.	12 09:36	12/10/11 CV ✓
	Begin 10 minute count:	12 09:36	
26.	Inject syringe #A-2 Sodium Thiopental	1210.29	
27.	Inject syringe #A-3 the Saline Flush. Conscious check.	1211.04	
	Inmate conscious discontinue Tray A and start Tray B in back-up intravenous catheter. Inmate unconscious continue with Tray A.		
28.	Inject syringe # A-4 Pancuronium Bromide.	12.11.48	(F) 12.12.73
29.	Inject syringe #A-5 the Saline Flush.		
30.	Inject syringe # A-6 Potassium Chloride.		
31.	Inject syringe # A-7 Potassium Chloride		
32.	Inject syringe # A-8 Saline Flush.		
33.	Cardiac monitor (ECG) "flat line."	+ 12.11.19	
34.	Physician pronounces death.	* 12.12.01	
	If all 8 syringes from Tray A have been infused, 10 minutes has elapsed and death has not been determined, notify Associate Warden and Team Leader. Warden may authorize repeat of protocol with Tray B, backup catheter.		
35.	Inject syringe # B-1 Sodium Thiopental.		
36.	Inject syringe # B-2 Sodium Thiopental.		
37.	Inject syringe # B-3 Saline flush.		
38.	Inject syringe # B-4 Pancuronium Bromide.		
39.	Inject syringe # B-5 Saline flush.		
40.	Inject syringe # B-6 Potassium Chloride.		
41.	Inject syringe # B-7 Potassium Chloride.		
42.	Inject syringe # B-8 Saline Flush.		
43.	Cardiac monitor (ECG) "flat line."		
44.	Physician pronounces cessation of life.		
45.	Prepare final report of execution.		


Lethal Injection Team Administrator

5/10/13

Date

Attachment 19
#3

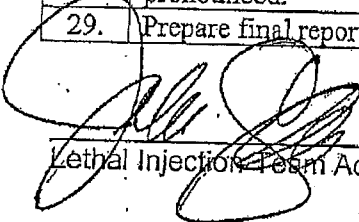
San Quentin State Prison
Execution Log
..... Lethal Injection Intravenous Team

Inmate Name	CDCR #	Date of Execution
Doe, J	A12345	5/10/13

Record Team Member Identification #: 7

Task	Time	Comments
1. IV tubing and needles given final check.		
2. ECG pads are placed on inmate's chest.		
3. ECG leads attached to monitor.	1202 ⁵⁶	
4. Insert intravenous catheter - Left	1204 ¹⁰	
5. Left catheter patency confirmed.	1204 ⁵¹	
6. Insert intravenous catheter - Right	1206 ²⁶ 1207⁰⁵ 1207⁴¹	
7. Right catheter patency confirmed.	1208 ⁰⁵	
8. One Intravenous Team Member exits Holding Cell Area and goes to Infusion Room to record infusion of chemicals on ECG graph paper.	1208	
9. One Intravenous Team Member takes position next to inmate to monitor consciousness and Intravenous lines.	1208	
10. Team advised which Intravenous catheter is to be used for execution. (left or right)	1208	
11. Saline drip in primary arm is stopped.	1208	
12. Syringe #A-1 administered; mark ECG graph paper with #A-1. Team Member in Execution Room checks inmate for consciousness.	1209 ²⁶	
13. Syringe #A-2 administered; mark ECG graph paper with #A-2.	1210 ²⁹	
14. Syringe #A-3 administered; mark ECG graph paper with #A-3. Team Member in Execution Room checks inmate for consciousness.	1211 ⁰⁴	
15. Syringe #A-4 administered; mark ECG graph paper with #A-4.	1211 ⁴⁸	
16. Syringe #A-5 administered; mark ECG graph paper with #A-5.		
17. Syringe #A-6 administered; mark ECG graph paper with #A-6.		
18. Syringe #A-7, administered; mark ECG graph paper with #A-7.		
19. Syringe #A-8 administered; mark ECG graph paper with #A-8.		

	Task	Time	Comments
	If chemicals on Tray B are used for repeat of Protocol - backup catheter will be used. Syringes will be injected in same sequence with all 8 syringes on Tray B being administered.		
20.	Syringe #B-1, mark ECG graph paper with #B-1.		
21.	Syringe #B-2, mark ECG graph paper with #B-2.		
22.	Syringe #B-3, mark ECG graph paper with #B-3.		
23.	Syringe #B-4, mark ECG graph paper with #B-4.		
24.	Syringe #B-5, mark ECG graph paper with #B-5.		
25.	Syringe #B-6, mark ECG graph paper with #B-6.		
26.	Syringe #B-7, mark ECG graph paper with #B-7.		
27.	Syringe #B-8, mark ECG graph paper with #B-8.		
28.	Mark ECG graph paper when death is pronounced.	12:2 ⁰¹	
29.	Prepare final report.		



Lethal Injection Team Administrator

5/10/12
Date

LETHAL INJECTION FACILITY
 SECURITY TEAM SUPPLY INVENTORY
 CABINET # 1

Item	Quantity	Start
Modified Cuffs	1	1
Leg restraints	2	2
Handcuffs	2	2
Handcuff Key (black)	6	6
Handcuff Key (silver)	8	8
Cut Down Tool	1	1
Martin Chain	3	3
Straight Baton	1	1
Leather Belts (extra)	4	4
Expandable Baton	4	4
Mk-4 (OC)	1	1
Waist Restraints	2	2
Metal Detector (wand)	1	1
Heavy Duty Locks	3	3
Transportation Set	1	1

8

Security Team Members _____
 # 1

Execution Team Leader _____

5-10-13

Date _____
 5/10/13

Date _____

**LETHAL INJECTION FACILITY
SECURITY TEAM SUPPLY INVENTORY
CABINET # 2**

Item	Quantity	Start
Disaster Pouch	4	4
Cut Down Tool	1	1
Res-Q-Flo	1	1
Tape (box)	2	2
Lanterns	2	2
Video Camera (charger/film)	1(1/2)	1 1/2
Polaroid Camera(film)	1(2)	1 (2)
Wrap	1	1
Digital Camera	1	1
Ankle Straps	3	3
Wrist Straps	4	4

8

Security Team Members _____
1

Execution Team Leader _____

5-10-13

Date _____
5/10/13
Date _____

LETHAL INJECTION FACILITY
SECURITY TEAM SUPPLY INVENTORY
CABINET # 4

Item	Quantity	Start
Helmets	5	5
Leather Gloves	5	5
Knee Pads	5	5
Elbow Pads	5	5
Shin Guards	5	5
PPE Kits	25	25
Gas Masks	6	6
Lanterns	3	3
Shield	2	2
Stokes Liter	1	1

8
Security Team Members # 1
Execution Team Leader

5-10-13
Date
5/10/13
Date

I.V. TEAM SECURED STORAGE

START	END	QUANTITY	AREA	ITEAM
		10 - bx		GLOVES NON-POWDER, Small
		10 - bx		GLOVES NON-POWDER, Med
		10 - bx		GLOVES NON-POWDER, Lg
		10 - bx		GLOVES NON-POWDER, XLg
		100 - ea		ANGIOCATH - 16 GA 1"
		100 - ea		ANGIOCATH - 18 GA 1"
		100 - ea		ANGIOCATH - 20 GA 1"
		100 - ea		ANGIOCATH - 22 GA 1"
		50 - ea		PRESSURE TUBING - 72"
		25 - ea		SECONDARY IV - 40"
		50 - ea		IV SET 15 DROP - 85"
		50 - ea		SAFEPORT INJECTOR (3 Way stop)
		50 - ea		IV START KIT
		50 - ea		NORMAL SALINE - 1,000cc 0.9%
		4 - bx		SURGICAL MASK
		5 - bx		ALCOHOL PREP PADS
		3 - bx		TAPE 1"
		3 - bx		TAPE 2"
		4 - pkg		NON-STERILE GUAZE 2x2
		50 - ea		SHARP CONTAINER-SMALL
		10 - ea		SHARP CONTAINER-LARGE
		50 - ea		DISPOSABLE RAZOR
		5 - ea		FACE SHIELD
		20 - pkg		MONITORING ELECTRODE (RED DOT)
		2 - ea		ECG HEART MONITOR
		20 - rolls		ECG PAPER
		2 - ea		STETHOSCOPE
		50 - ea		OXYGEN SENSOR
		2 - ea		VENOSCOPE
		2 - ea		MICRO HEAD LANTERN
		2 - ea		SCISSORS
		2 - ea		BLOOD SPILL KIT

INFUSION TEAM-COUNTER

		200	100	SYRINGE - 20 CC LUER LOCK
		135	100	SYRINGE - 60 CC LUER LOCK

#4 5-10-13
 Signature of IV/Infusion Team Member Date

#1 5/10/13
 Signature of Team Leader Date

I.V. TEAM SECURED STORAGE				
START	END	QUANTITY	AREA	TEAM
0		10 - bx		GLOVES NON-POWDER, Small
16		10 - bx		GLOVES NON-POWDER, Med
5		10 - bx		GLOVES NON-POWDER, Lg
9		10 - bx		GLOVES NON-POWDER, XLg
39		100 - ea		ANGIOCATH - 16 GA 1"
1020		100 - ea		ANGIOCATH - 18 GA 1"
1100		100 - ea		ANGIOCATH - 20 GA 1"
95		100 - ea		ANGIOCATH - 22 GA 1"
32		50 - ea		PRESSURE TUBING - 72"
106		25 - ea		SECONDARY IV - 40"
92		50 - ea		IV SET 15 DROP - 85"
63		50 - ea		SAFEPORT INJECTOR (3 Way stop)
39		50 - ea		IV START KIT
61		50 - ea		NORMAL SALINE - 1,000cc 0.9%
4		4 - bx		SURGICAL MASK
12		5 - bx		ALCOHOL PREP PADS
7		3 - bx		TAPE 1"
18		3 - bx		TAPE 2"
22		4 - pkg		NON-STERILE GUAZE 2x2
79		50 - ea		SHARP CONTAINER-SMALL
14		10 - ea		SHARP CONTAINER-LARGE
96		50 - ea		DISPOSABLE RAZOR
5		5 - ea		FACE SHIELD
15		20 - pkg		MONITORING ELECTRODE (RED DOT)
2		2 - ea		ECG HEART MONITOR
71		20 - rolls		ECG PAPER
2		2 - ea		STETHOSCOPE
130		50 - ea		OXYGEN SENSOR
2		2 - ea		VENOSCOPE
4		2 - ea		MICRO HEAD LANTERN
2		2 - ea		SCISSORS
3		2 - ea		BLOOD SPILL KIT
186		5 - bx		INTIMA 22 GAUGE
6		2 - ea		HAZARDUS WASTE BUCKET
100				Intima 18 gauge
200				Intima - 20 gauge
INFUSION TEAM-COUNTER				
		100		SYRINGE - 20 CC LUER LOCK
		100		SYRINGE - 60 CC LUER LOCK

#5

5/10/13

Signature of IV/Infusion Team Member

Date

Signature of Team Leader

Date

**Lethal Injection Facility
Sanitation Inspection Checklist**

Date
5/10/13

Search Area	Comments
Sallyport Corridor	NORMAL
Sallyport Storage Room	NORMAL
Staging Area	NORMAL
Secure Holding Cell Area	NORMAL
Officer Security Area	NORMAL
Prep Room	NORMAL
Break Room	NORMAL
Rest Rooms	NORMAL
Prep Storage Room	NORMAL
Infusion/Control Room	NORMAL
Execution Room	NORMAL
Electrical Room	NORMAL
Storage Room	NORMAL
Victim Family Viewing Room	NORMAL
Press Viewing Room	NORMAL
Inmate Family Viewing Room	NORMAL
All Doors & Gates Functioning	NORMAL

Lethal Injection Facility Safe Secure	Secure
Light and Appliances Functioning	Functioning
Tool Inventory	complete
Refrigerator Temperature Indicate Temperature	Temperature 40.5° F
Equipment Inventory Attach to Form	ATTACHED

A4
Security Team Members

5/10/13
Date

#1
Execution Team Leader

5/10/13
Date

MAINT INVENTORY SHEET

AREA	ITEM	TYPE	SIZE	QUANT	INVENTORY	MAKE	MODEL
Gas Chamber	Hammer	Ball Peen		1			
Gas Chamber	Wrench	Crescent	12"	1			
Gas Chamber	Wrench	Combo Set 6 pc.	7/8" - 1/14"	1			
Gas Chamber	Socket	1/2" Drive 18 pc.	7/16" - 1 1/4"	1			
Gas Chamber	Screwdriver	Phillips	#1 X 3"	2			
Gas Chamber	Screwdriver	Phillips	#2 X 4 1/4"	1			
Gas Chamber	Screwdriver	Slotted	1/4" X 3 1/2"	1			
Gas Chamber	Screwdriver	Slotted	1/4" X 6"	1			
Gas Chamber	Pliers	Channel Lock	12"	1			
Gas Chamber	Pliers	Slip Joint	8"	1			
Gas Chamber	Level	Torpedo		1			
Gas Chamber	Stripper	Wire		1			
Gas Chamber	Wrench	Pipe	14"	2			
Gas Chamber	Allen	Hex, 7 Pc. Set	Small	1			
Gas Chamber	Allen	Hex, 8 Pc. Set	Large	1			
Gas Chamber	Socket	1/4" Drive 14 pc.		1			
Gas Chamber	Tester	Voltage, Wiggly		1			
Gas Chamber	Knife	Putty	2"	2			
Gas Chamber	Wrench	No Hub		1			
Gas Chamber	Nutdriver	Nut	5/16"	1			
Gas Chamber	Screwdriver	Slotted	1/4" X 9 1/2"	1			
Gas Chamber	Tape Measure		25'	1			
Gas Chamber	Knife	Utility		1			
Gas Chamber	Wrench	ComboSet 7 pc.	3/8 - 3/4"	1			
Gas Chamber	Pliers	Vise Grip	7"	2			
Gas Chamber	Wire Cutters	Diagonal	8"	1			
Gas Chamber	Wire Brush			2			
Gas Chamber	Driver	Security 7Pc.		1			



SAGENT™

July 29, 2014

State of California
California Department of Corrections and Rehabilitation
Attn: Jeffrey A. Beard, Ph.D.
1515 S Street
Sacramento, CA 95811

Dear Secretary Beard,

Sagent Pharmaceuticals, Inc. sources, manufactures, markets and sells throughout the United States a wide range of drug products. Sagent is aware that some of the drug products it sells, including Propofol, Midazolam, Vecuronium Bromide and various other drugs might be used by your department in connection with capital punishment activities, including lethal injection.

All of Sagent's products, like all drug products approved for distribution in the United States by the FDA, are to be used only according to each product's approved indications. Sagent does not approve any "off-label" use of its drug products, and specifically objects to any use of its drug products in connection with any capital punishment activities, including lethal injection, by your department or by any governmental entity.

Therefore, any procurement or use by your department of any Sagent drug product in connection with any capital punishment activity, including lethal injection, or any other use not approved by the FDA and indicated on the product's label, is prohibited.

To the extent any Sagent product is of a type that may be used in connection with any capital punishment activity but is required by your department for the treatment of patients in accordance with such product's approved indications, we would make such product available only with your department's assurances that the product would not be used for any capital punishment activity.

We are available to discuss this matter further to ensure that none of Sagent's products are used by your department in connection with capital punishment activities. Please contact me at mlogerfo@sagentpharma.com or by telephone at 847-908-1608 as necessary at your convenience.

Very truly yours,

A handwritten signature in black ink, appearing to read "M. Logerfo".

Michael Logerfo
Executive Vice President
Chief Legal Officer

PATIENT INFORMATION LEAFLET

THIOPENTAL INJECTION BP

The active ingredient in thiopental injection, thiopental sodium, is also known as thiopentone sodium.

Please read this leaflet carefully before you receive your medicine. Do not throw it away as you may want to read it again. This leaflet provides a summary of the information available on your medicine. If you have any questions, or are not sure about anything, ask your doctor, nurse or pharmacist.

WHAT IS IN MY MEDICINE?

Each vial of this product contains 500 milligrams of thiopental sodium as a powder for solution for injection, and is presented in packs of 25 vials. It is a dry powder which needs to be dissolved in Water for Injections.

WHAT IS THIOPENTAL?

Thiopental sodium is an anaesthetic agent which is usually given by intravenous injection.

MARKETING AUTHORISATION HOLDER AND MANUFACTURER

The Marketing Authorisation Holder is Link Pharmaceuticals Limited, Bishops World House, Alton Way, Horsham, West Sussex, RH12 1AH, UK.

Thiopental Injection is manufactured by Sandoz GmbH, A-6530 Kufstein Schraftengü, Tyrol, Austria.

WHAT IS THIOPENTAL USED FOR?

Thiopental may be used for any of the following reasons:

- i) as a general anaesthetic, or to make you sleepy before using another anaesthetic agent, or before using agents to prevent pain or to relax muscles,
- ii) to control fits.

IS THIOPENTAL SAFE FOR EVERYBODY?

You should not normally receive thiopental if any of the following apply to you:

- You have an obstruction in your lungs or in the tubes leading to them.
- You are having an acute asthma attack.
- You are in severe shock.
- You have the condition known as myotonic dystrophy.
- You have the condition known as porphyria.

People with these last two conditions will know if they have them.

You should tell your doctor, nurse or pharmacist if any of these apply to you. They will usually decide to use another medicine instead.

PRECAUTIONS

Although you can still receive thiopental, your doctor may decide to use another medicine in the following circumstances:

- If you have diseases of the heart or circulation as these can suddenly be made more severe by thiopental injection.
- If you have cranial hypertension (high pressure inside your head) or endocrine insufficiency, low blood pressure, severe bleeding, burns, muscle weakness or degeneration (associated with conditions such as myasthenia gravis or muscular dystrophies), and incontinence or wasting. Your doctor will need to take extra precautions while treating you with thiopental injection.
- If thiopental is accidentally injected into an artery instead of a vein, it can cause damage to your tissues but your doctor may be able to treat these safely (a similar problem can occur if thiopental leaks from the vein into surrounding tissue). If you feel severe pain near where the drug was injected say so immediately so that treatment can be started quickly.
- Thiopental injection has been used safely during pregnancy but if you are pregnant, or think you could be, you should make sure that your doctor knows about this. They can then discuss any possible risks with you before treatment starts. If you intend breast-feeding a baby after having thiopental injection you should discuss the safety of doing so with your doctor.
- You may not be fit to drive (or operate other machinery) after receiving thiopental injection. Although the effect will wear off quite quickly, you may be certain that you are able to drive safely before you try. During this time, even a small amount of alcohol can have a very strong effect on you, making

THIOPENTAL INJECTION BP

PRECAUTIONS (Contd.):

- Other medicines which can interact with thiopental injection include medicines called beta-blockers or calcium antagonists which are used to decrease your blood pressure, or any medicines prescribed to you for anxiety, or which are used to alter your mood (called antidepressants).

If you are in doubt about the kind of medicine you are taking please contact your doctor or pharmacist.

Reduced doses may be needed if you have any of the following:

- Liver disease (including jaundice), shock, dehydration, severe anaemia, high blood level of potassium, infection in your blood. Elderly patients and people who suffer from metabolic disorders may also need smaller doses. An example of this type of disease is myxoedema (a condition caused by an underactive thyroid gland).
- People who have received morphine or similar medicines before they are given thiopental injection often need lower doses. If you have received a medicine called sulfitoxazole, please tell your doctor. He or she may need to give you smaller doses of thiopental and give these more frequently than usual.

Increased doses: if you are a heavy and frequent drinker of alcohol, or if you regularly take non-prescribed drugs, the dose of thiopental may need to be increased or given with another medicine to increase its effect.

You should tell your doctor, nurse or pharmacist if any of these apply to you.

HOW IS THIOPENTAL GIVEN?

Thiopental injection is first made into a solution usually containing 25mg in 1ml. Sometimes a higher strength may be used.

A needle will have been placed into a vein in advance. Thiopental injection can be injected directly through this needle or it may be put into a drip which runs through it.

Dosages used for convulsions (fitting) are 75mg to 125mg given as soon as possible after the convulsion begins. Further doses may be required and your doctor will decide the best dose to give you.

The normal anaesthetic dose for adults is 100mg to 150mg, injected over 10 to 15 seconds, although smaller doses may be used for elderly patients. The dose for a child depends on their weight (usually between 2mg to 7mg for every kg of body weight). You will normally feel the effects within 30 seconds and be asleep within one minute. Further small doses will be given to you, if necessary (you will normally be asleep during this process).

ARE THERE ANY SIDE EFFECTS?

The effects which have been seen with thiopental injection are listed below.

Thiopental injection can cause coughing, sneezing or spasm of the airways in your throat when it is injected. It can cause skin rashes and other allergic reactions, such as itching.

Your body's automatic breathing control may be affected causing spasm of the airways and difficulty breathing, and the pumping action of the heart can be reduced or irregular heartbeats may occur.

Thiopental injection can cause headaches.

When injected thiopental can cause severe pain at the site of injection. If this happens inform your doctor immediately.

If you experience any of the above side effects or any other side effects please tell your doctor, nurse or pharmacist.

MORE INFORMATION ABOUT THIOPENTAL INJECTION

Do not use thiopental after the expiry date printed on the pack and on each vial. The vials should not be stored above 25°C and should be kept in the outer carton.

The injection solution is quite strongly alkaline, to stop the thiopental from "going off". Because of this it cannot be mixed with other injections that are acidic. The solution should be kept cool (between 2°C and 8°C) after making it up and normally should be used within seven hours. If the solution is discoloured it should not be used.

This leaflet was written in September 2003.

Drug Enforcement Administration
Practitioner's Manual

U.S. Department of Justice / Drug Enforcement Administration
 CMB Approval No. 1117-0007
REGISTRANTS INVENTORY OF DRUGS SURRENDERED
 PACKAGE NO. 1117

The following schedule is an inventory of controlled substances which for proper disposition.

FROM: (include Name, Street, City, State and ZIP Code in space provided below.)

San Quentin State Prison
Nether Injection Facility
San Quentin, CA
94964



Registrant's DEA Number
 Registrant's Telephone Number
 415-485-5002

NOTE: CERTIFIED MAIL (which receipt is required) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse (page 2) of form.

NAME OF DRUG OR PREPARATION <small>(Indicate with full in columns 1, 2, and 3 ONLY)</small>	Number of Containers	CONTENTS <small>(Number of grams, mg/ml, boxes or other units per container)</small>	Controlled Substances Code <small>(999, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999)</small>	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMG	MG
1	2	2	4	5	6	7
2 Sodium Thiopental	997	498.5g	997			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

Nothing follows
 Exp 05 2014
 Lot # AW 6002
 Total grams 498.5g

FORM DEA-41 (8-04) Previous editions are no longer available. See instructions on reverse (page 2) of form.

Drug Enforcement Administration Practitioner's Manual

DEA-1 (REV 06) Pg. 2

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of vials, bottles, ampoules, etc. per container)	Container Label (Each Day)	FOR DEA USE ONLY	
				DISPOSITION	QUANTITY
Registrar to fill in Columns 1, 2, 3, and 4 ONLY				A	B
17					
18					
19					
20					
21					
22					
23					
24					

Nothing Follows

The controlled substances described in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages/packaging in container/descriptions listed on this inventory and have been _____ (1) Forwarded to recipient of inventory (2) Destroyed as indicated and the remainder destroyed (3) Destroyed as indicated (4) Forwarded to recipient of inventory (5) Forwarded to recipient of inventory (6) Forwarded to recipient of inventory

DATE 5/5/2014 DESTROYED BY

WITNESSED BY _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each and describe in column 5, e.g., morphology, color, etc. (1 page, 100 lines, 100 words, 100 lines, 100 words, 100 lines, 100 words).
2. All packages included on a single list should be identical in name, container and controlled substance strength.
3. Prepare this form in quadruplicate. Make one (1) copy of this form to be Special Agent in Charge, make separate copies. Make one additional copy in the shipment with the drug. Make one copy for your records. One copy will be returned to you and one copy will be forwarded to you unless specifically requested. Any further questions concerning these instructions should be addressed to the DEA District Office, 400 ...
4. There is no purchase tax payable for drugs returned. There is only a transfer tax to register anything other than their stock and record of ownership forms.
5. Drugs should be shipped registered to special agent or staffed with (forms receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 552 of the Controlled Substances Act of 1970 (91-509).
PURPOSE: To document the receipt of controlled substances which have been forwarded by registrars to DEA for disposal.
ROUTINE USES: This form is required by Federal Regulations for the receipt of controlled Substances. This control information from the system is made as the following purposes of valid or regulated cases:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to submit this form of controlled Substances may result in production of violation of the Controlled Substances Act.

Under the Paperwork Reduction Act, a privacy act is required to record the collection of information, including the use and dissemination of such information. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including reviewing instructions, gathering existing data sources, gathering and maintaining the data needed, and reviewing and collecting the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, FBI and Record Management Section, Washington, DC 20537 and address Chief of Management and Budget, Paperwork Reduction Project (11A-017), Washington, DC 20503.

INVENTORY OF SODIUM THIOPIENTAL

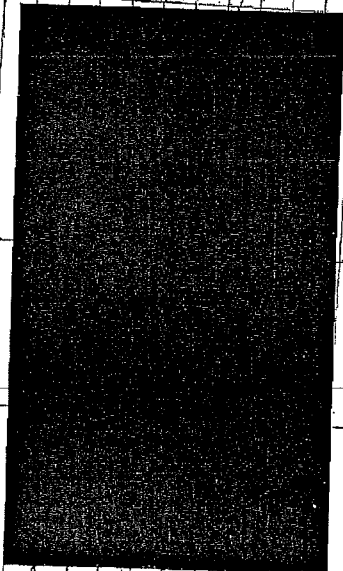
DATE	TIME	# OF CONTAINERS	# OF GRAMS, OUNCES OR UNITS	CONTENT OF EACH UNIT	LOT NUMBER	SIGNATURE	SIGNATURE
5/14	0815	Box #3	25 VIALS	500 MG	AU6002		
		Box #4	25 VIALS	500 MG	AU6002		
		Box #5	25 VIALS	500 MG	AU6002		
		Box #6	25 VIALS	500 MG	AU6002		
		Box #7	25 VIALS	500 MG	AU6002		
		Box #8	25 VIALS	500 MG	AU6002		
		Box #9	25 VIALS	500 MG	AU6002		
		Box #10	25 VIALS	500 MG	AU6002		
		Box #11	25 VIALS	500 MG	AU6002		
		Box #12	25 VIALS	500 MG	AU6002		
		Box #13	25 VIALS	500 MG	AU6002		
		Box #14	25 VIALS	500 MG	AU6002		
		Box #15	25 VIALS	500 MG	AU6002		
		Box #16	25 VIALS	500 MG	AU6002		
		Box #17	25 VIALS	500 MG	AU6002		
		Box #18	25 VIALS	500 MG	AU6002		
		Box #19	25 VIALS	500 MG	AU6002		
		Box #20	25 VIALS	500 MG	AU6002		
		Box #21	25 VIALS	500 MG	AU6002		
		Box #22	25 VIALS	500 MG	AU6002		
		Box #23	25 VIALS	500 MG	AU6002		
		Box #24	25 VIALS	500 MG	AU6002		
		Box #25	25 VIALS	500 MG	AU6002		
		Box #26	25 VIALS	500 MG	AU6002		
		Box #27	25 VIALS	500 MG	AU6002		
		Box #28	25 VIALS	500 MG	AU6002		
		Box #29	25 VIALS	500 MG	AU6002		
		Box #30	25 VIALS	500 MG	AU6002		
		Box #31	25 VIALS	500 MG	AU6002		

All records related to controlled substances must be maintained and available for inspection for a minimum of two years. After an initial inventory is taken, a new inventory of all controlled substances on hand must be taken at least every two years. (Drug Enforcement Administration Practitioner's Manual, Section IV, Recordkeeping Requirements, Inventory, page 16.)

5/14/02
[Signature]

INVENTORY OF SODIUM THIOPENTAL

DATE	TIME	# OF CONTAINERS	# OF GRAMS, OUNCES OR UNITS	CONTENT OF EACH UNIT	LOT NUMBER	SIGNATURE	SIGNATURE
5/5/14	DEAS	By #32	25 VIALS	500 mg	Auracor 2		
		By #33	25 VIALS	500 mg	Auracor 2		
		By #34	25 VIALS	500 mg	Auracor 2		
		By #35	25 VIALS	500 mg	Auracor 2		
		By #36	25 VIALS	500 mg	Auracor 2		
		By #37	25 VIALS	500 mg	Auracor 2		
		By #38	25 VIALS	500 mg	Auracor 2		
		By #39	25 VIALS	500 mg	Auracor 2		
		By #40	25 VIALS	500 mg	Auracor 2		
		By #41	25 VIALS	500 mg	Auracor 2		
		By #42	25 VIALS	500 mg	Auracor 2		



5-5-14
 4/25/14

All records related to controlled substances must be maintained and available for inspection for a minimum of two years. After an initial inventory is taken, a new inventory of all controlled substances on hand must be taken at least every two years. (Drug Enforcement Administration's Manual, Section IV, Recordkeeping Requirements, Inventory; page 16.)



IN CASE OF EMERGENCY CONTACT CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER

STANDARD MANIFEST 001-1000-010

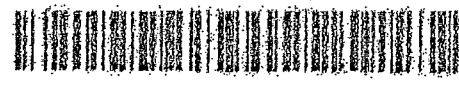
Route # 151 - 0

CUSTOMER NO. 21132

MANIFEST NO. 21132

1. Generator's Name, Address and Telephone Number

ATTN: [REDACTED]
 CA BY ERISON SAN QUENTIN (SQ)
 1 MAIN ST
 SAN QUENTIN, CA 94964-1000



KRB TB - Bio. TI - Incineration Kr - Incineration TP - Path TY - Chemio SE - 1A, 21, 24 - Chemio SA - 0A, 0B, 11 - B

CUSTOMER NUMBER 6111048-015 GENERATOR'S REGISTRATION #

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, P01	TR14 TR14 TR14 TR14 44 GAL Tub (3.0cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, P01	TR21 TR15 TR15 20 GAL Tub (2.7 cu ft)		
UN3291, Regulated Medical Waste, n.o.s., 6.2, P01	TR49 TR49 TR49 TR49 37 GAL Tub (3.9 cu ft)	1	4.9 cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, P01	KRB - Biosystems Cardboard Box (4.2 CU FT)	1	6.0 cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, P01	R33256AL SHARP CONT 33 CU FT	1	3.3 cu
UN3291, Regulated Medical Waste, n.o.s., 6.2, P01	44 GAL OF WASTED SHARP CONT.		
		TOTALS	11 51.7 cu

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

Printed/Typed Name _____ Signature _____ Date _____

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS: Stericycle, Inc.
 30642 San Antonio Street
 Hayward, CA 94544
 Phone # (888) 783-7422
 Applicable Permit Numbers _____

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above. This is a Through Shipment. Trailer Reg # 3800.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: [REDACTED]
 Phone [REDACTED]
 Applicable Permit Numbers _____

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: [REDACTED]
 Phone # [REDACTED]
 Applicable Permit Numbers _____

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

<input checked="" type="checkbox"/> 7A. Designated Facility: Stericycle, Inc. 1863 Singleton Drive Manteca, CA 95037 (988) 783-7422 TS/CST-83	<input type="checkbox"/> 7B. Alternate Facility: Stericycle, Inc. 3143 N 7th Street Manteca, CA 95118 (415) 321-1044 H1564	<input type="checkbox"/> 7C. Alternate Facility: Stericycle, Inc. 4124 W. Swift Ave. Fresno, CA 93732 (888) 783-7422 TS/CST-22	<input type="checkbox"/> 7D. Alternate Facility: Stericycle, Inc. 90 N. Foxboro Drive North Salt Lake, UT 84061 (888) 783-7422 88-646-2A-86
--	---	---	--

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have

Generator Signature
Transporter Certification: [REDACTED]

[REDACTED]

Transporter Signature

EX1 THIS IS A THROUGH EQUIPMENT.

EX1 LOCAL TRANS CENTER
Stericycle-Haworth, GA

DESTINATION FACILITY:

Inoperative-Only
X Stericycle-Kansas City, KS
#1554
Dental Waste
Stericycle-Fresno, CA

Pharmaceutical
X Stericycle-North Salt Lake, UT
3A-190-1A-3A
Standard
X Stericycle-Hall County, GA

DATE OF RECEIPT BY
TREATMENT FACILITY: [REDACTED]
DELIVERY DOCUMENT # PUSN00001
TOTAL DELIVERED ITEMS: 7

ITEM 414
7/14 44 Gal Top (110) 01-12-2 10 7

ORDER # [REDACTED]
FREQUENCY: WEEKLY
NEXT PICKUP: 5/22/14
CUSTOMER SERVICE:
Thank you for choosing Stericycle.

HAZARDOUS MATERIAL SHIPPING DOCUMENT

TRANSPORTER: Cryogenic, Inc.
30542 Hwy Antonio Street
Hayward, CA 94544
(866) 783-7422

For Station Use: Customer Code:
Call 1-866-783-7422
Station Use: Customer # 6111098
RFE 1-019

OR State Prison San Quentin (80)
1 Main St
San Quentin, CA 94964-1000
REGULATORY #:
Phone # (415) 464-1360
Contact: [REDACTED]

SERVICE DATE: 5-5-13 9:34:40 AM

SHIPPING DOCUMENT # 408500081



UN3291, REGULATED MEDICAL WASTE, A-D-S

E-Z, PCII

For DOT HAZMAT Emergency Response Call:

CHEMTREC 1-800-424-9300

Customer No: 21132

TOTAL CONTAINERS COLLECTED: 12

TOTAL VOLUME COLLECTED: 51.700 CU FT

QUANTITY (Cont. Types) QTY VOL

7803 3 Gal Pharma 2 0.500

8312 12 Gal Pharma 1 1.000

8320 25 Gal Pharma 1 2.500

1014 44 Gal Tub (O) 1 12.7 4.300

1749 37 Gal Bone Tub (O) 1 1 4.000

000001:RX03 000001:RX03 000001:RX12

000001:RX31 000001:TB14 000001:TB14

000001:TB14 000001:TB14 000001:TB14

000001:TB14 000001:TB14 000001:TB14

I hereby declare that the contents of this

consignment are fully and accurately

described above by the proper shipping

name, and are classified, packaged, marked

and labeled in accordance and are in all

respects in proper condition for transport

according to applicable international and

national governmental regulations.

GENERATOR PRINT NAME



SAGENT™

July 29, 2014

State of California
California Department of Corrections and Rehabilitation
Attn: Jeffrey A. Beard, Ph.D.
1515 S Street
Sacramento, CA 95811

Dear Secretary Beard,

Sagent Pharmaceuticals, Inc. sources, manufactures, markets and sells throughout the United States a wide range of drug products. Sagent is aware that some of the drug products it sells, including Propofol, Midazolam, Vecuronium Bromide and various other drugs might be used by your department in connection with capital punishment activities, including lethal injection.

All of Sagent's products, like all drug products approved for distribution in the United States by the FDA, are to be used only according to each products' approved indications. Sagent does not approve any "off-label" use of its drug products, and specifically objects to any use of its drug products in connection with any capital punishment activities, including lethal injection, by your department or by any governmental entity.

Therefore, any procurement or use by your department of any Sagent drug product in connection with any capital punishment activity, including lethal injection, or any other use not approved by the FDA and indicated on the product's label, is prohibited.

To the extent any Sagent product is of a type that may be used in connection with any capital punishment activity but is required by your department for the treatment of patients in accordance with such product's approved indications, we would make such product available only with your department's assurances that the product would not be used for any capital punishment activity.

We are available to discuss this matter further to ensure that none of Sagent's products are used by your department in connection with capital punishment activities. Please contact me at mlogerfo@sagentpharma.com or by telephone at 847-908-1608 as necessary at your convenience.

Very truly yours,

Michael Logerfo
Executive Vice President
Chief Legal Officer

PATIENT INFORMATION LEAFLET

THIOPENTAL INJECTION BP

The active ingredient in thiopental injection, thiopental sodium, is also known as thiopentone sodium.

Please read this leaflet carefully before you receive your medicine. Do not throw it away as you may want to read it again. This leaflet provides a summary of the information available on your medicine. If you have any questions, or are not sure about anything, ask your doctor, nurse or pharmacist.

WHAT IS IN MY MEDICINE?

Each vial of this product contains 500 milligrams of thiopental sodium as a powder for solution for injection, and is presented in packs of 25 vials. It is a dry powder which needs to be dissolved in Water for Injections.

WHAT IS THIOPENTAL?

Thiopental sodium is an anaesthetic agent which is usually given by intravenous injection.

MARKETING AUTHORISATION HOLDER AND MANUFACTURER

The Marketing Authorisation Holder is Link Pharmaceuticals Limited, Bishops Weald House, Albion Way, Horsham, West Sussex, RH12 1AH, UK.

Thiopental injection is manufactured by Sandoz GmbH, A-6336 Kufstein Schafftenau, Tyrol, Austria.

WHAT IS THIOPENTAL USED FOR?

Thiopental may be used for any of the following reasons:

- i) as a general anaesthetic, or to make you sleepy before using another anaesthetic agent, or before using agents to prevent pain or to relax muscles.
- ii) to control fits.

IS THIOPENTAL SAFE FOR EVERYBODY?

You should not normally receive thiopental if any of the following apply to you:

- You have an obstruction in your lungs or in the tubes leading to them.
- You are having an acute asthma attack.
- You are in severe shock.
- You have the condition known as myotonic dystrophy.
- You have the condition known as porphyria.

People with these last two conditions will know if they have them.

You should tell your doctor, nurse or pharmacist if any of these apply to you. They will usually decide to use another medicine instead.

PRECAUTIONS

Although you can still receive thiopental, your doctor may decide to use another medicine in the following circumstances:

- If you have diseases of the heart or circulation as these can suddenly be made more severe by thiopental injection.
- If you have cranial hypertension (high pressure inside your head) or adrenocortical insufficiency, low blood pressure, severe bleeding, burns, muscle weakness or degeneration (associated with conditions such as myasthenia gravis or muscular dystrophies), malnutrition or wasting. Your doctor will need to take extra precautions while treating you with thiopental injection.
- If thiopental is accidentally injected into an artery instead of a vein, it can cause damage to your tissues but your doctors may be able to treat these effects (a similar problem can occur if thiopental leaks from the vein into surrounding tissue). If you feel severe pain near where the drug was injected say so immediately so that treatment can be started quickly.
- Thiopental injection has been used safely during pregnancy but if you are pregnant, or think you could be, you should make sure that your doctors know about this. They can then discuss any possible risks with you before treatment starts. If you intend breast-feeding a baby after having thiopental injection you should discuss the safety of doing so with your doctor.
- You may not be fit to drive (or operate other machinery) after receiving thiopental injection. Although this effect will wear off quite quickly, you must be certain that you are able to drive safely before you try. During this time, even a small amount of alcohol can have a very strong effect on you, making driving very dangerous. Other medicines that cause drowsiness can have a similar effect. Make sure

THIOPENTAL INJECTION BP

PRECAUTIONS (Contd.)

- Other medicines which can interact with thiopental injection include medicines called beta-blockers or calcium antagonists which are used to decrease your blood pressure, or any medicines prescribed to you for anxiety, or which are used to alter your mood (called antipsychotics).

If you are in doubt about the kind of medicine you are taking please contact your doctor or pharmacist.

Reduced doses may be needed if you have any of the following:

- Liver disease (including jaundice), shock, dehydration, severe anaemia, high blood level of potassium, infection in your blood. Elderly patients and people who suffer from metabolic disorders may also need smaller doses. An example of this type of disease is myxoedema (a condition caused by an underactive thyroid gland).
- People who have received morphine or similar medicines before they are given thiopental injection often need lower doses. If you have received a medicine called sulfafurazole please tell your doctor. He or she may need to give you smaller doses of thiopental and give these more frequently than usual.

Increased doses: if you are a heavy and frequent drinker of alcohol, or if you regularly take non-prescribed drugs, the dose of thiopental may need to be increased or given with another medicine to increase its effect.

You should tell your doctor, nurse or pharmacist if any of these apply to you.

HOW IS THIOPENTAL GIVEN?

Thiopental injection is first made into a solution usually containing 25mg in 1ml. Sometimes a higher strength may be used.

A needle will have been placed into a vein in advance. Thiopental injection can be injected directly through this needle or it may be put into a drip which runs through it.

Dosages used for convulsions (fitting) are 75mg to 125mg given as soon as possible after the convulsion begins. Further doses may be required and your doctor will decide the best dose to give you.

The normal anaesthetic dose for adults is 100mg to 150mg, injected over 10 to 15 seconds, although smaller doses may be used for elderly patients. The dose for a child depends on their weight (usually between 2mg to 7mg for every kg of body-weight). You will normally feel the effects within 30 seconds and be asleep within one minute. Further small doses will be given to you as necessary (you will normally be asleep during this process).

ARE THERE ANY SIDE EFFECTS?

The effects, which have been seen with thiopental injection are listed below.

Thiopental injection can cause coughing, sneezing or spasm of the airways in your throat when it is injected. It can cause skin rashes and other allergic reactions, such as itching.

Your body's automatic breathing control may be affected causing spasm of the airways and difficulty breathing, and the pumping action of the heart can be reduced or irregular heartbeats may occur.

Thiopental injection can cause headaches.

When injected thiopental can cause severe pain at the site of injection. If this happens inform your doctor immediately.

If you experience any of the above side effects or any other side effects please tell your doctor, nurse or pharmacist.

MORE INFORMATION ABOUT THIOPENTAL INJECTION

Do not use thiopental after the expiry date printed on the pack and on each vial. The vials should not be stored above 25°C and should be kept in the outer carton.

The injection solution is quite strongly alkaline, to stop the thiopental from "going off". Because of this it cannot be mixed with other injections that are acidic. The solution should be kept cool (between 2°C and 8°C) after making it up and normally should be used within seven hours. If the solution is discoloured it should not be used.

This leaflet was written in September 2003.

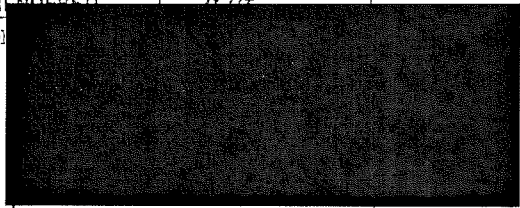
Drug Enforcement Administration Practitioner's Manual

OMB Approval No. 1117-0007	U.S. Department of Justice / Drug Enforcement Administration REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE NO. <i>N/A</i>
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The following schedule is an inventory of controlled substances which
for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below.)

*San Quentin State Prison
Lethal Injection Facility
San Quentin, CA
94964*



Registrant's DEA Number _____

Registrant's Telephone Number
415-435-5000

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse (page 2) of form.

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, milligrams, or other units per container)	Controlled Substance Code (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
Registrants will fill in Columns 1, 2, 3, and 4 ONLY.	2	3	4	5	6	7
1						
2 <i>Sodium Thiopental</i>	<i>997</i>	<i>498.5</i>	<i>S0204</i>			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

FORM DEA-41 (8-01)

Previous edition dated 6-86 is usable.

See instructions on reverse (page 2) of form.

Drug Enforcement Administration
Practitioner's Manual

DEA-41 (8/7/96) Pg. 2

NAME OF DRUG OR PREPARATION <i>Registrants will fill in Columns 1, 2, 3, and 4 ONLY.</i>	Number of Containers	CONTENTS (Number of tablets, capsules, ampules, or other units per container)	Controlled Substance Code (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
17						
18						
19						
20						
21						
22						
23						
24						

Nothing Follows

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on the inventory and have been: (1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE 5/5/2014 DESTROYED BY _____

State or laws not applicable. WITNESSED BY _____

INSTRUCTION

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3; e.g., morphine sulfate tab., 5 pieces, 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tab., 5 pgs., 63 tabs., 1/2 gr. (32mg.), etc.
2. All packages included on a single list should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail one (1) copy of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. Our copy will be returned to you as a receipt. No further receipts will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of surrendered items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.
ROUTINE USES: This form is required by Federal Regulators for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, FBI and Records Management Section, Washington, D.C. 20537, and to the Office of Management and Budget, Paperwork Reduction Project no. 1117-0207, Washington, D.C. 20503.

INVENTORY OF SODIUM THIOPEPTAL

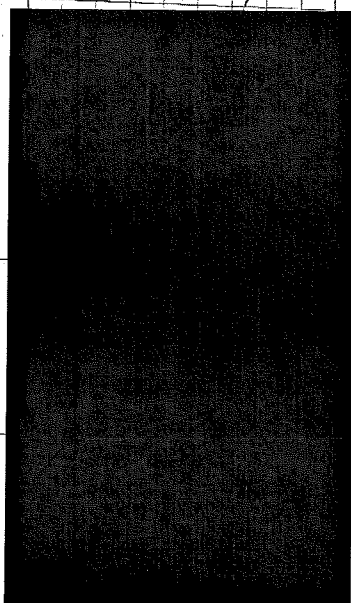
DATE	TIME	# OF CONTAINERS	# OF GRAMS, OUNCES OR UNITS	CONTENT OF EACH UNIT	LOT NUMBER	SIGNATURE	SIGNATURE
5/5/14	0815	Box #3	22 VIALS	500mg	AU6602		
		Box #4	25 VIALS	500mg	AU6602		
		Box #5	25 VIALS	500mg	AU6602		
		Box #6	25 VIALS	500mg	AU6602		
		Box #7	25 VIALS	500mg	AU6602		
		Box #8	25 VIALS	500mg	AU6602		
		Box #9	25 VIALS	500mg	AU6602		
		Box #10	25 VIALS	500mg	AU6602		
		Box #11	25 VIALS	500mg	AU6602		
		Box #12	25 VIALS	500mg	AU6602		
		Box #13	25 VIALS	500mg	AU6602		
		Box #14	25 VIALS	500mg	AU6602		
		Box #15	25 VIALS	500mg	AU6602		
		Box #16	25 VIALS	500mg	AU6602		
		Box #17	25 VIALS	500mg	AU6602		
		Box #18	25 VIALS	500mg	AU6602		
		Box #19	25 VIALS	500mg	AU6602		
		Box #20	25 VIALS	500mg	AU6602		
		Box #21	25 VIALS	500mg	AU6602		
		Box #22	25 VIALS	500mg	AU6602		
		Box #23	25 VIALS	500mg	AU6602		
		Box #24	25 VIALS	500mg	AU6602		
		Box #25	25 VIALS	500mg	AU6602		
		Box #26	25 VIALS	500mg	AU6602		
		Box #27	25 VIALS	500mg	AU6602		
		Box #28	25 VIALS	500mg	AU6602		
		Box #29	25 VIALS	500mg	AU6602		
		Box #30	25 VIALS	500mg	AU6602		
		Box #31	25 VIALS	500mg	AU6602		

All records related to controlled substances must be maintained and available for inspection for a minimum of two years. After an initial inventory is taken, a new inventory of all controlled substances on hand must be taken at least every two years. (Drug Enforcement Administration's Manual, Section IV, Recordkeeping Requirements; Inventory: page 16.)

5/5/14
ap

INVENTORY OF SODIUM THIOPIENTAL

DATE	TIME	# OF CONTAINERS	# OF GRAMS, OUNCES OR UNITS	CONTENT OF EACH UNIT	LOT NUMBER	SIGNATURE	SIGNATURE
5/5/14	08:15	Bx #32	25 VIALS	500 MG	Aw6002		
		Bx #33	25 VIALS	500 MG	Aw6002		
		Bx #34	25 VIALS	500 MG	Aw6002		
		Bx #35	25 VIALS	500 MG	Aw6002		
		Bx #36	25 VIALS	500 MG	Aw6002		
		Bx #37	25 VIALS	500 MG	Aw6002		
		Bx #38	25 VIALS	500 MG	Aw6002		
		Bx #39	25 VIALS	500 MG	Aw6002		
		Bx #40	25 VIALS	500 MG	Aw6002		
		Bx #41	25 VIALS	500 MG	Aw6002		
		Bx #42	25 VIALS	500 MG	Aw6002		



5-5-2014
0925-14

All records related to controlled substances must be maintained and available for inspection for a minimum of two years. After an initial inventory is taken, a new inventory of all controlled substances on hand must be taken at least every two years. (Drug Enforcement Administration's Manual, Section IV; Recordkeeping Requirements, Inventory, page 16.)



IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD

Route # 161 - 0

CUSTOMER NO. 21132
CONSIGNEE NO. 21132

MS250010001

1. Generator's Name, Address and Telephone Number

ATTN: [REDACTED]
CA ST ERISON SAN QUENTIN (SQ)
1 MAIN ST
SAN QUENTIN, CA 94964-1000



1415 454-1460

5/5/12

KRB TB-Bio II-Incineration Kx-Incineration TP-Path TY-Chemo BR-14, 22, 24-Chemo BR-02, 06, 11-B

CUSTOMER NUMBER

6111048-015

GENERATOR'S REGISTRATION #

1

GENERATOR

2A. DESCRIPTION OF WASTE

2B. CONTAINER TYPE

2C. NO. OF CONTAINERS

2D. VOLUME

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII

TE14 TP14 TL14 TY14 40 Gal Tub (5.5cu ft)

Cu

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII

TE21 TP15 TY15 20 Gal Tub (2.7 cu ft)

Cu

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII

TE49 TY49 TL49 TP49 37 Gal Tub (4.9 cu ft)

Cu

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII

KRB - Biosystems Cardboard Box (4.2 CU FT)

Cu

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII

[REDACTED]

Cu

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII

1332501 Sharp con, 32 CU FT

Cu

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII

[REDACTED]

Cu

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII

[REDACTED]

Cu

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII

[REDACTED]

Cu

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII

[REDACTED]

Cu

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

TOTALS

11 517 Cu

X

Printed/Typed Name

Signature

Date

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:

Stericycle, Inc.
30542 San Antonio Street
Hayward, CA 94544

Phone #: (866) 783-7422
Applicable Permit Numbers:

This is a Through Shipment Hauler Reg# 3400

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name

Signature

Date

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

Phone [REDACTED]
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name

Signature

Date

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

Phone #: [REDACTED]
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name

Signature

Date

7. DISCREPANCY INDICATION

TREATMENT FACILITY

7A. Designated Facility:

7B. Alternate Facility:

7C. Alternate Facility:

7D. Alternate Facility:

Stericycle, Inc.
1851 Shelton Drive
Hayward, CA 94542
(866) 783-7422
TS/OST-83

Stericycle, Inc.
3140 N 7th Street
Kansas City, KS 66116
(816) 321-1334
H1564

Stericycle, Inc.
4186 W. Swift Ave
Fresno, CA 93722
(866) 783-7422
TS/OST-22

Stericycle, Inc.
90 N. Foxboro Drive
North Salt Lake, UT 8
(866) 783-7422
3A-448-JA-85

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have

Generator Signature
Transporter Certification: [REDACTED]

[REDACTED]

Transporter Signature

EX) THIS IS A THROUGH SHIPMENT.

EX) LOCAL TRANS CENTER
Stericycle-Hayward, CA

DESTINATION FACILITY:

Incinerate Only
X Stericycle-Kansas City, KS
#1564

Dental Waste
Stericycle-Fresno, CA

Pharmaceutical
X Stericycle-North Salt Lake, UT
3A-440/JA-06

Standard
X Stericycle-Hollister, CA

DATE OF RECEIPT AT
TREATMENT FACILITY: _____

DELIVERY DOCUMENT #: POSN000000

TOTAL DELIVERED ITEMS: 7

ITEM	QTY
TD19 44 Cal Tub(Bta), CT 12-7 1b	7

DRIVER: [REDACTED]
FREQUENCY: WEEKLY
NEXT PICKUP: 5-12-14
CUSTOMER SERVICE:
Thank you for choosing Stericycle

HAZARDOUS MATERIAL SHIPPING DOCUMENT

TRANSPORTER: Stericycle, Inc.
30542 San Antonio Street
Hayward, CA 94544
(866) 783-7422

For Stericycle Customer Care
Call 1-866-783-7422
Stericycle Customer # 6111048
Site # 015

CA St Prison San Quentin (SD)
1 Main St
San Quentin, CA 949641000
REGULATORY #:
Phone #: (415) 454-1460
Contact: [REDACTED]

SERVICE DATE: 5-5-14 8:34:43 AM

SHIPPING DOCUMENT #: W05W00084



UN3291, REGULATED MEDICAL WASTE, H.O.S.,
6-2, PC11

For DOT HAZMAT Emergency Response Call:
CHEMTREC 1-800-424-9300

Customer No. 21132

TOTAL CONTAINERS COLLECTED: 12

TOTAL VOLUME COLLECTED: 51.700 CU FT

SUMMARY (Cont. Type)	QTY	UOL CF
RX03 3 Gal (Pharm)	2	0.600
RX12 12 Gal (Pharm)	1	1.600
RX39 25 Gal (Pharm)	1	3.300
TB14 44 Gal Tub (Bio), CT 12-7	7	41.300
TY49 37 Gal Chemo Tub (CT)	1	4.900

00A000H RX03 00A000V RX03 00A000X RX12
00A000P RX39 00A0010 TB14 00A000P TB14
00A0000 TB14 00A000R TB14 00A000S TB14
00A000T TB14 00A000U TB14 00A000U TY49

I hereby declare that the contents of this
consignment are fully and accurately
described above by the proper shipping
name, and are classified, packaged, marked
and labelled/placarded, and are in all
respects in proper condition for transport
according to applicable International and
national governmental regulations.

GENERATOR PRINT NAME